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ABSTRACT

Written for employers and other professionals involved in helping the mentally restored (people who have had a mental illnesses or emotional problems which are now under control) find and maintain gainful employment, this guide discusses the following topics: who are the mentally restored; why is a job important to them; who can help these people find employment; how is job placement made; how can the employer or professional assistant learn about his client; how can placement directors learn about available jobs for their clients; how do placement directors match these applicants to appropriate jobs; how do placement directors "sell" the mentally restored person to the employer and answer any objections; what special considerations are important; and what support services are available or needed. Finally, characteristics of the mentally restored worker and his performance on the job are described. (BM)

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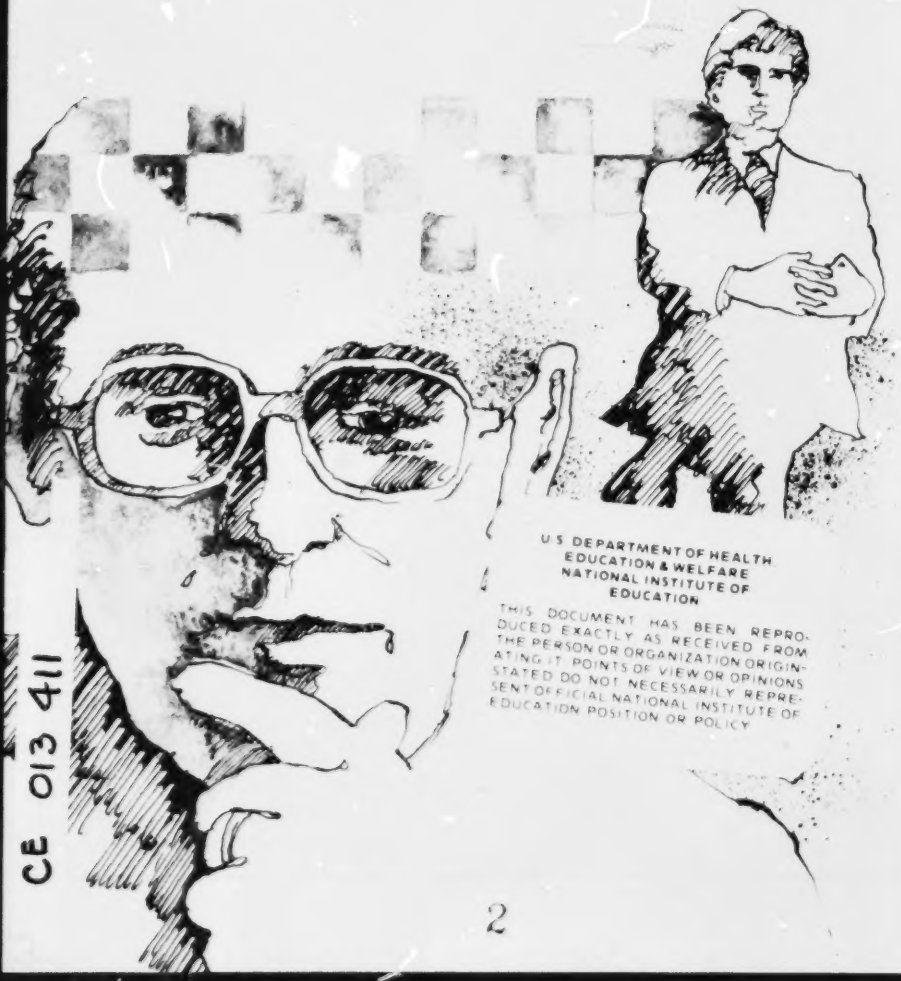
Guide to Job Placement of Mentally Restored People

The Presidents Committee
On Employment
of the Handicapped
Washington, D. C. 20210



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"If you do a good enough screening job you may get people in your employ who are perfectly normal. But you will have screened out people who discover things like nylon."

Dr. Frederick Dershimer
former psychiatrist for
E. I. DuPont De Nemours & Co.

Guide to Job Placement of Mentally Restored People

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FIRST WORDS

I see this as more than a guide to job placement of mentally restored people. I see it as a guide to their indepenneece, to their happiness, to their fulfillment.

For them, and for all of us, work is more than the means of staying alive. It also is the means of staying involved—involved in the world, in society, in existence itself.

I hope this guide helps many mentally restored people toward more fulfilled, more involved lives. I wish them good fortune, all of them.

HAROLD RUSSELL
Chairman
The President's Committee on
Employment of the Handicapped

Realistic Viewpoints

From a Mentally Restored Person

She was under care for mental illness since age 21; she's now 38. "Maybe there's an end to it somewhere," she says. She works for a certified public accountant. She started part-time but went to full-time when he refused to make special allowances for her because of her illness. "Best thing that happened to me, being treated as normal," she comments.

From an Employer

"We can't hire mentally restored people around here. We have too many so-called normal people with problems."

(The rebuttal by a rehabilitation counselor floored this employer: "You're probably hiring mentally ill people from off the street and you don't know it. If you hire our people, we can give you information about their backgrounds and we can help if problems arise.")

Prologue

She was 21, small, bright-eyed, curly-haired and—for the first time—far from home. She had been reared in a small city in the sunny Southwest where life was smooth and people friendly. She was now in a grimy Midwestern metropolis. And it was gray December.

She was a graduate student in a school of social work where academic standards were more demanding than any she had had to meet before. That fall, as part of her training, she had been brought face-to-face for the first time with families who lived in a kind of misery, ignorance, and squalor she had never dreamed could exist. And she was supposed to help these people. But how?

How? She threw herself more deeply into her studies. A religious girl, she spent increasing hours in worship and prayer. But still no answers came. She was supposed to *help* people. How?

Suddenly one morning in the college dining hall she began to ask this question out loud. Louder and louder. What kind of world was it where conditions like this could exist? What had happened to God that He could permit it? A friend, seeking to calm her, put an arm around her waist. With a cry she flung it off. A startled faculty member rushed up and grasped her by the shoulders. Suddenly terrified she struggled to break free. Wildly she beat her small fists against his chest. More hands reached out for her.

A doctor was called. Official steps were taken. In a matter of hours she had been hospitalized. And the anger and fear which had possessed her left as suddenly as it had come. She sat dull-eyed, motionless, unspeaking. For days, weeks, months . . .

Where is she now? Well, if this is a weekday sometime between 8:30 a.m. and 6:00 p.m. (or up to 10 or 11 p.m. on occasion) she's in the large busy office of a highly popular, highly specialized weekly newspaper. And the nameplate on her desk reads "EDITOR." There she is making the plans, issuing the instructions, giving the orders that in the course of a week, week after week, result in the production of a lively publication. There, too, she consults with her employer and his business staff, considering questions of policy, discussing future courses, disagreeing sometimes with what others propose but settling any differences in a businesslike manner.

She hasn't married—but neither have thousands of other career women. Her social circle is small but she enjoys her few friends and the kinds of things they do together—theaters, concerts, informed dis-

cussions of everything from the latest television comedian to the state of the world. She's not overly fond of travel and the prospect of flying makes her apprehensive but if there's good reason—business or pleasure—to make a trip, off she goes.

She learned in the course of her long-past hospital treatment three things to avoid—becoming critically overtired, becoming too directly involved in the personal miseries of the deeply distressed, and attempting to fathom religious mysteries. In our society today these could hardly be called serious restrictions.

In short, the young woman we are speaking of is as "normal" as any of the millions of her fellow Americans who have never suffered a personal upheaval so severe that hospitalization was required. In the fullest sense of the term she is mentally restored.

Can former mental patients work? She certainly does! Will they stick to a job? She's been with her present employer for 15 years. Are former patients promotable? She has risen step-by-step to her present post. Can they make decisions, get along with others, give orders, take orders? Decide for yourself if she could handle her job otherwise! Is her case unique? Not at all. One major study of former mental patients—of which more later—indicates the similar ability countless others possess to make a go of it in jobs covering the entire occupational range.

Is every mentally restored person successful in finding and adjusting to a job? Not yet. But their prospects are steadily brightening. Public realization that mental illness can be cured has increased the acceptability of former patients in the community. At the same time new methods of hospital treatment, expanded rehabilitation programs, widened opportunities for training and on-the-job experience both inside and outside the hospital, are making it possible for growing numbers of former mental patients to get and hold jobs well suited to their abilities and temperaments.

Since 1959, those with mental disabilities served by the State Vocational Rehabilitation agencies have grown from 3,663 to some 84,000 persons in 1975. Currently about twenty-five percent of all handicapped persons rehabilitated by these state agencies were in the mentally restored category. In addition, the U.S. Department of Labor reported that in fiscal year 1967, approximately 58,000 mentally restored applied for jobs. Of this number of applicants approximately 15,000 were placed in gainful employment. As the number of restored workers grows and their contracts increase, more and more persons will learn first-hand of their value in business and industry. Then it will be clear that the fact of past mental illness alone is no bar to successful job placement or acceptable performance on the job.

Who Are Mentally Restored People?

Is the young woman we have just described "typical" of the mentally restored? *No*, there is no one person who could be. There are far too many individuals with diverse backgrounds, needs, and problems to be overcome. For example, approximately one-quarter of the hospital beds in the country are occupied by those with emotional problems of one kind or another. Although the number of people actually in hospitals at any one time has been declining, admissions as well as releases have been rising over the years. Patients are getting out sooner. Admissions run well over one-third of a million, and at any one time the total patient population numbers slightly less than one-quarter of a million. In a recent year, about 5.2 million separate visits (three times greater than the 1.7 million in 1955) were reported for all psychiatric facilities (mental health centers, hospitals, etc.) according to the National Institute of Mental Health. In addition, and of great significance, is the fact that some 68 percent or 3.5 million received treatment on an outpatient basis, utilizing the many federally-funded community mental health centers as well as the private clinics throughout the nation. The total of those seeking help for mental and emotional ills would be much higher if figures were available for all those treated privately. Each case in these massive totals represents a separate life story.

Here, then, is a wonderful—and sometimes difficult—thing to remember about mentally restored people. Everyone is different. Consider for a moment the vast variety reflected in the following:

ADMINISTRATIVE ASSISTANT. Male. Age 28. Two years college. Alert, forceful young man. Excellent at details, organizing work, and assuming responsibility. Also good creative and artistic skills.

CLERK-TYPIST. Female. Age 21. Graduate approved business school. Good appearance. Types 50 w.p.m., shorthand 70 w.p.m.

UPHOLSTERER. Male. Age 42. One year of high school. Has completed 2 years upholstery training. Could qualify as a helper.

KEYPUNCH OPERATOR. Female. 51. High school graduate. Accurate keypunch and tabulating machine operator. Experienced. Wants file clerk job. Qualified.

Production Worker . . . Engineer . . . Salesman . . .
Cashier . . . Executive Secretary . . . Draftsman . . .
Teacher . . . Cook . . . Bookkeeper . . .

Clearly in each of these instances personal characteristics, events leading to breakdown, type and length of treatment, and present home situation, all vary. These individuals and their hundreds of thousands of fellows have only one characteristic in common—all have at some time suffered a disturbance that disordered their thoughts or feelings or behavior in such a way that special, intensive treatment was required.

Others may have suffered or be suffering disturbances equally severe but because their behavior was of no concern to anyone—or because those around them were willing and able to put up with it—they have never been treated. What's more, according to widespread research, the quality and degree of every individual's efficiency, self-confidence, and peace of mind (all mental health indicators) will vary from time to time in response to changes in himself and his life situation.

At any given point, then, every individual represents a mixture of emotional strengths and weaknesses. And taken all together, those who work with mentally restored people declare the restored are more like "the rest of us" than they are different.

Saying that the restored are "like the rest of us" means, of course, that they are more like others in the group they come from. Some, therefore, although restored to their former level of functioning were, to begin with, so poorly prepared for social living, so emotionally starved, beaten and battered by life that they may always face certain difficulties in relating to others. Others come from that depressed segment of our society whose members, sick or well, have pitiably little education, no developed skills, and no consistent work experience.

These people, while they may no longer need intensive treatment, will need some form of organized community help with their living problems and some kind of long-term, carefully graded and supervised training and sheltered work opportunities.

The needs of this group of former patients must not be forgotten—but they are beyond the scope of this booklet. The restored individuals we refer to here may—like the young woman we first described—have some special emotional needs to be considered in their return to work. But they have been certified by their medical and vocational authorities as being ready to work, they have the ability to do a worthwhile job, and they are willing to do so. Most can find their way back into the work-world unaided. But many others need help. It is this group we are mainly concerned with. Employers should know there are professionals available if assistance is needed in keeping people on the job.

Definition:

Mentally Restored: Used throughout this publication, the term means a person who has had a mental illness or some sort of emotional problems currently under control, enabling the individual to seek and maintain gainful employment in the competitive labor market. While there is a risk of negative connotations being applied to any kinds of labels given to persons, we've still used labels in, we hope, a positive sense. We do this to enhance the potential of those persons whom we intend to serve.

Why a Job is Important to Me?

"Having a job gives me a sense of self-respect and accomplishment. It means maybe I'm O.K. and somebody trusts me. I feel more secure about myself when I work every day. I don't wory about my problems. A job is the key that unlocks my dreams."

Ralph T. Collins, M.D.
THINK, February 1961

In America's work-oriented culture the measure of an individual's "adjustment" as well as his general worth is, in the eyes of many, the kind of job he holds and the competence with which he does it.

On the purely practical level, for many a former patient the income from a job makes the difference between a life of decency and one of debilitating squalor. Without a job he must scrape, scrounge, and worry. With one, he can enjoy at least a chance at the kinds of pleasures that make health and independence worth hanging on to.

To those whose confidence in themselves and the world may still be somewhat shaky, a proper job can be the best possible tonic. Having some responsibility, someplace to go, something to do; being rewarded—wages or salary or title—for effort expended; seeing evidence of his acceptability in the friendliness of coworkers and of his adequacy in the form of work produced: being "a part of" the community—all help the mentally restored person see himself as a competent person, worthy of his own respect and that of others.

Such a self-image is vital to continuing mental health. Study after study indicates that former patients who get suitable work are far more likely to stay well than those left to spend idle days in isolation, prey to their old fears and fancies or cooped up in tension-building closeness with family members weary of their constant presence.

With a job as a channel, the former mental patient puts into use skills and abilities needed by employers. He is transformed from a community liability to a community asset—and helped to stay that way. Consider what this transformation means in the blunt language of dollars alone. Maintenance expenditures for patients in public mental hospitals in 1974 totaled well over two billion dollars—more than $11,000 for each resident, less in some States, more in others. And, as we have seen, State hospitals are only one part of the total treatment picture. There are some 600 community mental health centers as well.

In this area alone, however, every month that hospitalization can be reduced, every readmission that can be prevented represents a massive saving in tax dollars. And when a former dependent-on-the-

State becomes a self-supporting, taxpaying contributor to the State, the improvement shows on both sides of the public ledger.

For the good of the total community, then, for the good of business and industry and of the individual himself, the mentally restored must be helped to find and keep jobs which they can perform to the benefit of their employers and the satisfaction of themselves.

Who Can Help?

At present the job of helping mentally restored people find appropriate work is done by persons with a wide variety of background and training.

Among these are full-fledged professionals: placement specialists in public and private employment agencies and within some hospitals themselves; social workers in hospitals, community mental health centers and welfare agencies; vocational rehabilitation specialists. There are, too, knowledgeable paraprofessionals and peer groups, citizens in community organizations, service clubs and volunteer groups, working with trained leadership. Occasionally no such help is available and the task must be taken on by a person with no previous knowledge of job placement procedures—a relative or friend of the former patient, or his minister or doctor perhaps.

At present the inexperienced individual who sets about trying to help a former patient find employment is likely to feel completely at sea. "I'm not a psychiatrist," he may tell himself. "What should I do first? How should I begin?" Even the full-time professional sometimes experiences such doubts when he first undertakes an assignment with this group.

What it Takes To Help

Experience has shown that successful placement of the mentally restored is most often accomplished bythose who combine a set of qualities essential to all "pathfinders"—conviction, confidence, and common sense.

CONVICTION that the restored are good workers, that successful placements can be made, that making such placements is vitally important—to the restored, to their employers, to the whole community;

CONFIDENCE that the restored worker will do and give of his best, that employers and coworkers will prove accepting and under-

standing, that representatives of different professions and agencies can work smoothly together to support him in his efforts;

COMMON SENSE in recognizing that specialized placement work, like any other demanding job, takes time and persistent effort and involves disappointments and setbacks; that no job situation—and no worker—is pure perfection; that give-and-take are necessary in all things and that in today's world of work, fair or not, most of the giving and taking may be required of the restored individual himself.

This acknowledged, then what?

How is the Placement Made?

Every successful job placement involves learning about the job-seeker, learning about suitable jobs, matching one with the other and convincing the employer your prospect will meet his needs. Placing the restored is essentially no different. You just have to learn more—about the worker and the work; match more closely; and sell more persuasively.

Learning About the Individual

The job skills, interests, attitudes, and experience of each former patient form a pattern uniquely his own. These, plus his general manner and appearance, the strength of his motivation to effort, his ease or awkwardness in relationships with others, help determine the kind of spot he is most likely to fill with success.

What You Can Learn From The Worker Himself

The best indicators of what a person can do are usually found by looking at what he has already done—what he was good at, what he enjoyed, what challenged him most, satisfied him best. Although the applicant may differ in some ways from the man he was before his illness, no clue from the past should be overlooked. Along with his complete educational and work history, get a record of best-liked and least-liked subjects in school, odd jobs done during vacations, hobbies, club activities. All help to suggest areas that could provide proper employment. Of prime importance, of course, is what the individual himself *wants* to do and feels ready to do. Sometimes, however, the former patient needs help in seeing the possibilities, and the realities of the local job market.

What Tests Can Tell You

Just about everybody whose work involves predicting how an individual will make out in a new situation wishes some magic test could be devised to settle the matter. But human beings and human situations are much too complex for that. There are, of course, tests of vocational interests and aptitudes, tests to evaluate specific skills, and tests to assess the amounts of knowledge individuals have about certain work areas and procedures. All these can help a person attempting placement to decide—in cooperation with the applicant himself—which kinds of openings to seek or follow up.

Those working in official agencies usually have access to the findings of tests already given or can arrange to have tests administered. Those without official connections might wish to check the possibility of having testing done by a State agency (employment or vocational rehabilitation), a local college or private vocational testing service. Sometimes testing done during the course of treatment is not representative of an individual's abilities after recovery. Always consider this before relying on past findings.

What Observation Can Reveal

Whatever tests may indicate and past work experience suggest, what an applicant can do today must be considered in the context of how he reacts and performs in concrete situations *now*. For all-around success on a job an individual must know how to use his mind and body for work, how to accept supervision, how to get along with other workers, how to cooperate and how to perform independently. In attempting to judge a former patient's abilities in these areas, consider the following:

Does he come to his appointments on time? Does he notify you if he cannot keep one? When you explain something, does he catch on readily? Does he pay attention consistently? Does he speak up clearly and respond adequately when you ask for information? Does he know when to *stop* talking? How does he react to interruptions—with annoyance or interest?

Does he move easily and surely? Is his manner generally pleasant? Is his appearance in keeping with usual employer expectations for the kind of work he would seek?

Does he seem to be using his energies and abilities during this prejob period in a sensible way? Does he currently assume any responsibilities—at home or in an organization? If you attempt to hurry him or

create a situation in which he must push himself a little, does he show frustration or resist or try to meet the challenge? Does he see himself as capable and ready to do a good job for somebody—at some level? Does he recognize and accept his own responsibility to build on his strengths and help sell himself to employers? Does he recognize and accept that this placement effort is a job you are both working on, together?

What you observe will give you some idea of the kinds of work situations he is likely to function in best regardless of the specific job skills he possesses.

What You Can Learn From Others

The jobseeker who drew top scores on all the above points would least likely need a helper. Like anyone else who has been through a deeply distressing experience, the former patient will usually reveal some uncertainties about himself, what he wants or what he can do. Here you are fortunate in having the opinions and observations of experts—his doctor or treatment "team"—to draw on in settling questions.

Such specialists differ widely in the amounts and kinds of information they can, or will, give however. Some, by special arrangement, supply detailed work experience and work readiness reports to official employment offices in advance of the applicant's appointment. Others are reluctant to give any information or provide only technical statements focused on medical facts.

To get the information you want you will have to be clear about what it is. Many agencies have developed forms that cover the points which concern them and send one of these—with a signed statement from the former patient okaying release of the information— to the specialist concerned for completion.

For placement purposes the technicalities of diagnosis are rarely important. Differences abound even among psychiatrists themselves on just how to label certain forms of behavior. What's more, few employers are genuinely "up" on such terminology, and discussing a potential employee in terms of a sickness now past is apt to be more disturbing than helpful. An employer is not interested in a "patient"—he wants a worker.

What you need from the medical authorities is a statement about this jobseeker's readiness for work and whatever they may have to suggest about job situations that would be favorable, or better avoided.

Technical descriptions of illness cannot supply this. In the words of Dr. Rives Chalmers, "It is my opinion that we are rehabilitating many psychiatric patients today because we do not allow ourselves to become discouraged by the various diagnostic categories. . . . Many of our long-term successes are with persons who by classical diagnostic standards would have been very poor occupational risks."

Practical information that can be useful includes observations and opinions on the significance to the particular applicant of work factors such as these: noise; high rate of working speed; repetitive operations; variety of tasks; degree of supervision—close, moderate, little; quality of supervision—warm guidance or firm direction; better to work for/with—men, women; better to work—alone, around people, *with* people; inside, outside; day, night or part time; degree of responsibility—high, medium, none; responsibility for decisions/for others—yes, no; ability to apply self to work—reliability for continued effort.

The factors that will be important depend largely, of course, on the kind of work the applicant seems best suited for, and his own feelings or fears on these matters should also be considered. Most individuals with past work experience can state quite explicitly at least some of the work situations that "bug" them and are therefore best avoided.

A telephone conversation with the psychiatrist or social worker most familiar with the patient's history is often helpful. Additional useful information they can give often includes a brief sketch of family background, a short simple account of the onset of illness and factors felt to be important in its inception; the individual's inhospital work experience—jobs done, how well; comments on aptitudes, interests, temperament. They also can supply information on any previous episodes of disturbance and an opinion on any possibility of recurrence. It is important to find out, too, whether the applicant is to continue with medication and whether any followup care or counseling has been arranged or indicated. Be sure to get written permission to request information from any source about any individual.

Putting the Facts Together

If you have been able to establish good relationships with the applicant and those who treated him you now have a solid basis of information on which to proceed. But it requires evaluation. At least one study has indicated that the following are strong indicators of employment success:

Good health: Has the applicant had a thorough physical examination recently? Lethargy and fatigue can have physical as well as emotional roots. Does he eat sensibly? Sleep well? Get reasonable exercise?

A degree of success in school and on jobs in keeping with ability: Check with schools, individual teachers and former bosses to learn how well and consistently he performed, how he got along with other students, fellow workers, teachers, supervisors.

Good relationships with friends and family: Although these may have suffered serious strain, one-time good relationships are a hopeful indicator and present ones an excellent sign. He will give you the names of friends and relatives to talk with.

A real desire to work, ability to set goals realistically, plan and work toward them: You are the best judge of whether his hopes for the future seem sound and whether his responses as you work together make him the man you yourself would hire for a particular job. Further points to be considered in judging specific job "fit" will be discussed in a later section.

Learning About Jobs

Just what and how much you can do—and should do—in seeking out job openings depends on many things: the community in which you work, the size of your caseload, the amount of initiative that may rightly be expected of the individuals you are working with, your personal relationship to them, whether you work as part of a team or on your own, in an official agency or a community group.

Generally speaking, however, in seeking out job possibilities for applicants on their lists, successful placement people utilize the same kinds of techiques that any intelligent, competent, persistent jobseeker would use on his own behalf—plus a few more. When past job performances and work relationships have been good, former employers are contacted about any foreseeable openings. To a previous boss the applicant is a known quantity and, particularly in small communities, familiarity and sympathy frequently prompt a desire to help out.

The value of such aid should not be underestimated. In one semi-rural area lacking professional services, teams of volunteers cooperate in helping returning patients find their way back into the community. In such instances businessmen are often persuaded to "give this person a try" purely on the basis of doing a favor for his sponsor. Professional placement workers have had similar experiences. As one put it, "Plenty of employers who might shy off if I approached then 'cold' about an ex-patient will give me a hearing if somebody in their circle has mentioned the idea to them first."

But effective placement workers don't depend on old ties or wait for job offers to come to them.

With the skills and abilities of their "clients" well fixed in their minds they scan the Want Ads daily and may even talk friends, relatives and colleagues into doing the same. They spur applicants to similar action

on their own behalf and may even get groups of them to read with an eye to others' needs as well as their own.

They keep their eyes and ears open for word of new businesses opening, expansions planned, new projects about to get underway. With the aid of directories such as the classified telephone book, they list—or better yet get jobseekers themselves to list—companies that might need a particular individual's skills and send carefully developed resumés to these potential employers.

Some workers encourage their applicants to place notices of work wanted on community bulletin boards; some place paid work-wanted ads in newspapers and some have persuaded newspapers to run such items free. Many organizations and agencies regularly prepare listings of available workers, their abilities and experience, and circulate these to a mailing list of firms in their area.

Leaders of mental health groups, church societies, service clubs, hospital volunteer auxiliaries, are asked to have members keep alert for suitable openings. "My hairdresser needs a girl to handle the appointment book." "The printer we use needs a messenger." Sometimes they are expected to pass such tips on to the jobseekers themselves; sometimes to act as intermediaries; sometimes to function simply—but invaluably—as extra eyes and ears for the agency specialists.

This kind of legwork, however, can't be entirely delegated. Insofar as the realities of their own jobs permit, placement specialists get out and around among the businessmen in their community—in clubs, church groups, service organizations, on special visits to plants and offices. Besides building interest and goodwill, they attempt to get the feel of what certain employers want—those who run the kind of "tight ship" where a conscientious, meticulous worker would be appreciated; those who could use active, gregarious, talkative types; those who would require complete conformity in appearance and manner and those who would not be concerned over mild eccentricities; those who want driving, ambitious workers; those whose principal need is for stolid plodders.

Matching Applicant and Job

The more you know about the kinds of workers an employer prefers, and the type of work atmosphere he wants to maintain the more easily you can judge how well a specific applicant will fit in a particular opening. Because proper "matching" is such a crucial factor in some cases we will consider it at greater length later on. For the moment let us assume you have a qualified candidate for a particular job, what is your approach to the employer?

"Selling" the Mentally Restored Person

In developing openings sometimes it will be obvious from the agency you represent or from former contacts with employers that te individuals you work with have had mental problems. When this is not immediately and necessarily clear, however, most placement people feel it best to attract the potential employer's interest in the applicant's abilities before mentioning the matter of his former illness. (Some feel it is not for them to raise the matter at all—on this point, more later.) In situations where agency responsibility or other factors make it necessary to give this information before an interview is set up, the manner in which the facts are given is of immense importance.

Giving the Facts

The three C's essential in this work—conviction, confidence and common sense—are never more important than at this point in the placement rocess. Many specialists admit that when they first undertook this type of assignment, broaching the matter of an applicant's former illness was one of the toughest tasks they faced.

"Perhaps at the start," one has said, "we have a few lingering doubts of our own about how well former patients will do a job or how they may be accepted by others. We may tend to feel apologetic or overprotective. There is no need to feel either.

"If I find myself doubting an individual's readiness for a job I try to find out what others in my agency think. If he's not ready, we have to face that fact. But those that *are* have skills that make them worth their hire. And they are functioning individuals, with some share of responsibility for their own futures. They can profit from guidance and understanding but they will meet the world on their own. It's our job to see that they have that chance."

The placement person who is confident that the applicant he speaks for can meet the requirements of the job available can present the fact of the former illness in a matter-of-fact way. After giving a description of the applicant's abilities and experience—and having elicited a show of interest.

It is important to reassure the employer of the applicant's current state of health without going too deeply into the matter. Don't get overly technical—or attempt to use psychological jargon that may be impressive, but also might elicit doubt, fear, or prejudice. Keep the answers brief and to the point—for example, the following may suffice:

"Yes, he was depressed for a few months after the loss of both parents, followed by his own divorce, but he is now in great shape and ready to give a full day's work."

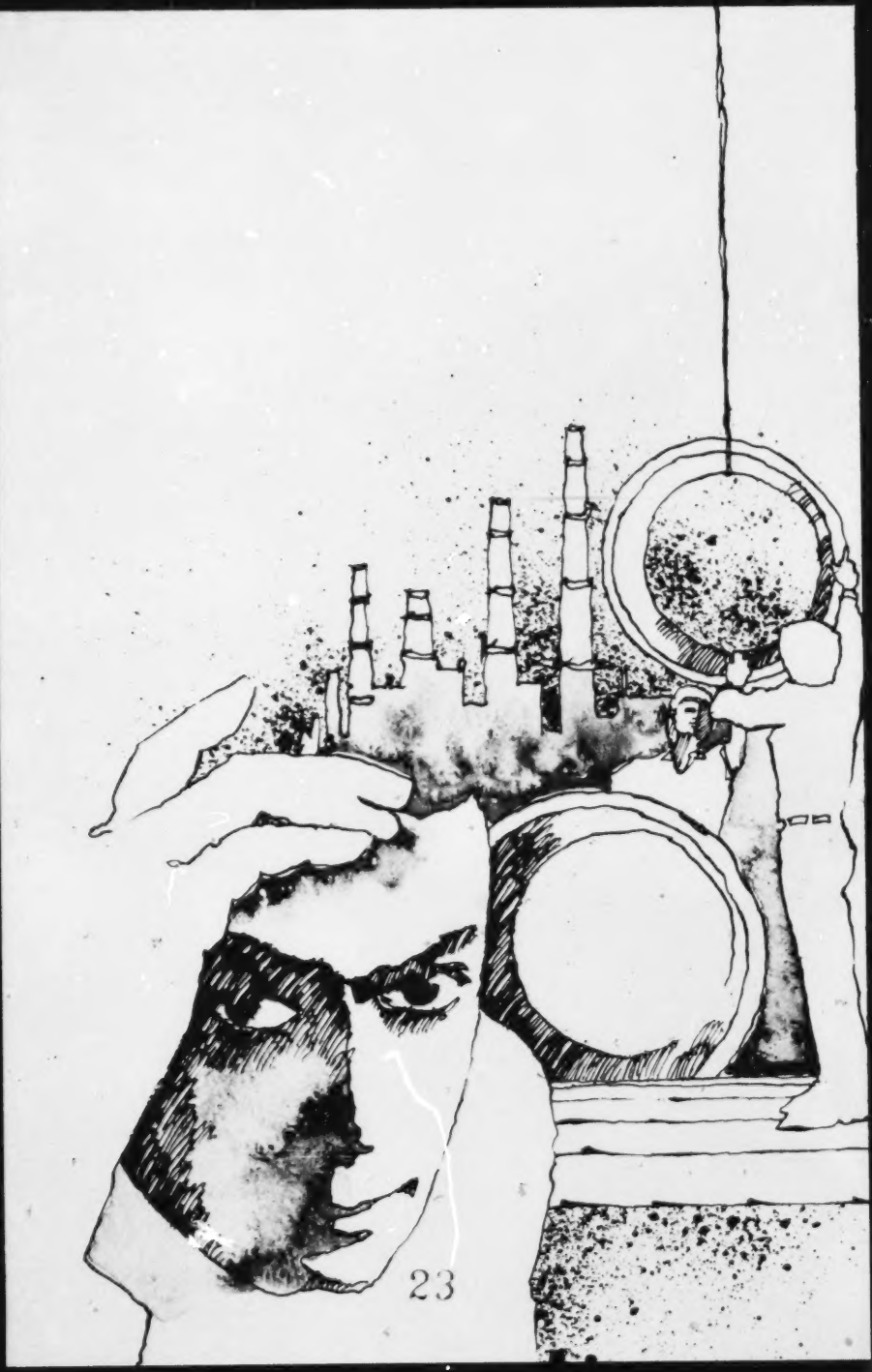
Answering Employers' Objections

Many knowledgeable employers—especially those who have experience with the restored—take this piece of information as matter-of-factly as it was given and proceed to arrange an interview, accepting the medical authorities' judgment of the individual's readiness to return to work and confident of their own ability to judge the applicant's fitness for the particular spot they want filled. Others, however, may begin to back off or raise questions. What they know—or think they know—about mental illness has combined with limited observation and experience to create a reaction to the former patient, sight unseen. A prospective boss may say:

"Could somebody like that really handle this job?"

You have already described the applicant's assets; the potential employer has already shown interest in him as a possibility. His new concern, then, is clearly with the background. Make clear that this candidate has been studied, tested and passed upon by an entire team of experts. Reiterate his qualifications, supported by specific concrete details. Point out former patients can do a good job. A study of over 2,000 veterans with service connected psychiatric disabilities offers the most solid substantiation for this. Of these men, surveyed by the Veterans' Administration, 7 out of 10 were working—84 percent for an employer, 16 percent for themselves. And of those working, 9 out of 10 were doing a satisfactory, satisfying and stable job. The largest group (26.1 percent) were in skilled work—everything from butcher, baker, and cabinetmaker to hydraulic tester and electronic assembly inspector. The next largest group (20.8 percent) were in clerical and sales work—the full gamut. The third largest number (16.7 percent) were in jobs classified as professional, semiprofessional, managerial and official: accountants, architects, chemists, clergymen; teachers, lawyers, engineers; draftsmen, artists, interior decorators; managers of offices, restaurants, retail stores; assessor, customs collector, fish and game warden, truant officer.

In short, "somebody like that" is—somewhere—handling just about every job on the occupational list! Wherever possible, support your statements with reports of successes among other local employers.



"But I need somebody with ambition and initiative." OR "I need a steady guy who'll stick to the job at hand."

Some employers picture the mentally restored person as one incapable of learning new things, taking responsibility, or handling any kind of pressure. Others have the notion that he must be a restless striver, never willing to settle down to routine effort. Actually, former patients differ in drive and ambition just as others do. The Veterans' Administration research reveals that close to two-fifths of the workers studied were moving ahead on their jobs—winning higher pay, added responsibility, promotions. The percentage might have been higher if opportunities for advancement were more widespread.

On the other hand, some veterans reported that they were not interested in climbing, that they had in fact turned down promotions which would have involved added responsibility and pressure. Some observers regard such lack of drive as evidence of emotional handicap. Others point out that a willingness to settle for routine security is a widely held value in our culture today. In individual cases, they add, it may reflect a particularly healthy quality—the realistic assessment by the worker of his particular abilities in relation to job demands and a sensible desire to avoid unnecessary risk.

Whether or not an individual worker will fit a particular employer's demands must be assessed in individual terms. On the basis of known facts, however, the employer may be assured that degree of ambition—the drive to move forward or the willingness to stay put—has no direct relationship to previous mental illness.

"When I hire a man I want to know he'll stay with me."

Trial placements and temporary work are sometimes advisable for the man right out of the hospital, particularly if he is unsure of himself and what he wants to do. Two such exploratory ventures usually suffice, however, and hardly constitute "job-hopping." Once he feels ready for permanent placement, the former patient means business. Three-fifths (62 percent) of the workers studied by the VA had been working for their current employers 5 years or more. The largest single category in the total group—a solid 36 percent—had been employed at the same place 10 years or over.

"The fellow who fills this job will have to be able to get along well with others."

The vast majority of workers sampled by the VA were doing exactly that in their day-to-day contacts with fellow employees. Even more impressively, one out of five was working in a job where good person-to-person relationships were basic to job success. Eleven percent were in managerial and official occupations; 8 percent were in sales and 3 per-

cent did personal service work. Included in these categories were holders of jobs as diverse as bartender, bellman, barber and beautician; managers of enterprises as varied as restaurants, retail stores, offices, printing shops, industrial plants, and many more.

"We work with pretty powerful machinery in my shop. What about accident rates?"

Long-term observation, though still to be tested in a major way statistically, suggests that mentally restored persons as a group have as good a safety record as workers generally. The psychiatrist for a giant corporation has commented that informal studies in their plants show no increased injury liability among former patients returning to their jobs. The chief of vocational counseling in a Virginia hospital has reported that during one year some 400 patients were placed either in competitive employment or in training for it and only a few, very minor accidents occurred.

Statistics gathered since 1954 at the Bedford (Mass.) Veterans' Administration Hospital indicate that recovered and recovering patients may even have a better than average safety record. Over the years, patients have been employed within the hospital and in nearby communities for a total, at the time of count, of well over a half-million manhours. Many of the activities engaged in are generally considered hazardous—operating woodworking and metalworking machines, for instance, and performing tasks involving use of chemicals, molten solder and scalding water. During this period there was not a single lost-time accident (one that would prevent work the following day) to any of the patients.

"Our supervisors aren't psychiatrists. Could they do the right kind of job with one of these fellows?"

Human understanding, the ability to see employees as individuals and treat them that way, is a basic quality of the good supervisor in any situation. Some former patients, as indicated earlier, do have certain sensitivities in this area. A good job "fit" requires that these be considered. But employers can be assured that "a psychiatric approach" is neither wanted nor needed.

"Would my other employees accept a former patient?"

Understanding of mental illness is steadily increasing throughout our society and with it comes increased acceptance of those affected. More and more "normal" individuals are voluntarily offering to work with both current patients in hospitals and community clinics and with former ones in vocational projects and social clubs and self-help groups. There are even some trailblazing residences where former patients and university students or young career people live side by side, sharing both recreation activities and housekeeping duties. In at

least one of the many general hospitals now accepting mental patients there is no separate psychiatric floor or wing. A mental patient may share a room with a surgical case and the doctors in charge find no necessity to explain the nature of either patient's problem to the other.

As for the particular applicant, he is a competent worker and a worthwhile human being. His illness is behind him. Nobody but the boss needs to know about it. And even if others do, past experience has proved that fellow workers will accept the former patient *if the boss does*.

"I have enough of those on my staff now!"

Accepting the wry humor of this, you might ask, "Really? How do they act?" If the employer complains of inefficiency, absenteeism, too much socializing, complaining and the like, you will get a good idea—by indirection—of the kind of employee he would prefer: a quiet, conscientious worker who concentrates attention on his task and appreciates a job enough to hold on to it. Restored workers fit this description. Say so!

"Would there be any risk?"

This kind of remark usually reveals a fear of unpredictable behavior. A start at allaying such apprehensions might be the frank statement, "There's nothing about the person we're discussing to cause you any concern." Emphasize the agreement of those who know and have treated the individual as to his stability and readiness for community life. Give the details that attest to his previous good adjustment. If cooperative followup with the treatment team will be available, stress that. Statistical studies show that, as a group, former patients are far less likely to get into trouble with the law than are members of the general population.

One example of quick thinking on a counselor's part in answering such an objection bears highlighting. She had almost convinced a leading matron in her city to accept an able, likeable girl as a household helper. The placement would have been important to the girl herself and would also have been an opening move in gaining similar acceptance over time for other capable young women.

At the last moment the potential employer revealed certain doubts she had, until then, refused to permit herself. The counselor suggested that she discuss her concerns with her own doctor and arranged to have a psychiatrist familiar with the details discuss the girl's background with him. The doctor, facts in hand, reassured the hesitant matron that her first decision—to hire the girl—had been the right one. He helped her to see that she already knew far more about this girl's background and personality than she had ever bothered—or been able—to check about previous household employees.

"In this particular case, what brought on the breakdown? What went wrong?"

It is very common for employers to ask for specifics about the potential employee's illness. This is not simple nosiness or morbid curiosity. Knowing a few facts helps them to see the person as an individual. Any information given should be with the consent of the applicant, of course. This is a matter that should be explored with him, and we shall consider it further in the next section.

"Can I be certain that he'll stay well?"

How can anybody be certain of anything? How can an employer be sure his star salesman won't fold up with a heart attack? His young secretary suddenly up and get married? His solid, stable treasurer eat contaminated clams and spend months recovering from hepatitis? There are no ironclad guarantees in life. But in this applicant's case his illness is behind him and there is no reason to believe it will recur. A proper job will provide one of the best safeguards against such a turn of events. When responsible specialists stand behind the applicant, the employer can be helped to see his role in perspective and is reassured of its need and value.

"But I already have 1 (or 3, or 30) of your people!"

This is one objection you might well think twice about countering. In everybody's best interest it may be well to limit the number of restored workers in any one company. Former patients themselves are better served when they can work side-by-side with never-labeled-as-ill colleagues and see proof of their own competence in their ability to "keep up." A preponderance of former patients in one setting could create the feeling of being segregated, set apart. Furthermore if one or two companies earn a reputation as centers for such hiring, other employers tend to lag behind, rationalizing that "the problem's settled." In the long run, the more employers who gain experience with restored workers, the better for all. Use your willing employers as "good examples" and recognize their right to build their work force *their* way. Your own judgment is your best asset in dealing with situations that may arise.

Remember, Too

Employers vary greatly in their readiness to accept a former patient. Those who have doubts and fears *and admit them* are to be respected, not attacked as "prejudiced." In the long run they are more open to persuasion than those who consistently pay lipservice to a principle but fail to follow through in practice.

The business of changing attitudes is hard. The approach to be used depends on what the attitude stems from. If it grows out of simple ignorance it can be changed with facts. So give facts. Keep talking as long as a prospective boss will listen. If the attitude is deeply rooted in emotion—some upsetting past personal experience—only time and first-hand observation of good experiences can genuinely change it. So don't worry too much about the occasional stubborn holdout. When an attitude is an outgrowth of conformity—doing what others do—the example of acknowledged community leaders, "the smart businessmen," the respected authorities, will carry the greatest weight. In attempting to influence these key figures, be realistic. Don't "over-sell."

Experienced employers won't buy exaggerated claims. They know that *any* employee has a weakness or two mixed in with his strengths. Certainly a placement worker won't highlight these but in individual cases any that might raise immediate questions in the employer's mind can be mentioned casually, and in a positive way, before the interview ("He still finds it a little hard to talk about himself with strangers. But give him a bit of time. He'll warm up." "She may strike you as sort of jittery. But that will just be 'interview nerves.' " "He *is* rather unsure of himself in some ways. But he knows what this job requires and we're both sure he can handle it.")

Sometimes any final trace of uncertainty can be eliminated by arranging a trial placement—a specific, mutually agreed upon period at the end of which either applicant or employer is free to withdraw with no embarrassment. This is common practice in many highly competitive, specialized fields today. Suggesting it need not imply any doubt of the worker's abilities.

Some Special Considerations

Job Fit

When the incident that triggered an emotional illness was totally removed from the work area—a drastic accident, a death, a deep disappointment in love—the sufferer, once on his feet again, is often ready to pick up his job again right where he left it. Indeed, he may throw himself into it with redoubled vigor. In such cases job "fit" raises few problems.

But the causes, and effects, of mental and emotional illnesses can be complex. The situations they grow out of—and the situations they sometimes create—may make it clear that a change of work, work set-

ting, or work level is in order. Consider, for the moment, work level. On rare occasions a highly skilled individual suffers a loss of self-confidence so great that he can only be comfortable with the simplest of jobs. (A physician happy to take over the care of animals in a hospital research laboratory—for a director delighted at last to have somebody who knows the importance of doing the job right.) Sometimes a concentration on less demanding aspects of the same profession is in order. (A dentist, not yet ready to take up his private practice again, working as a dental technician.) But downgrading, when advisable, is rarely that spectacular—and may even be welcome. More than one former sales manager has delighted in being a salesman again, shedding duties that never suited him, putting his best talents to fullest use.

On the other hand, upgrading may be indicated. Many a man at the end of his tether from a dead-end spot has come back after an illness to make a place for himself in a higher echelon role in another firm; or with training, or retraining, gone into a more demanding type of work more in keeping with his true abilities. (Abraham Lincoln suffered a serious period of depression while still a prairie lawyer.)

When is a change in order? Depending on your role in the job placement effort you may have much—or nothing—to consider on this point. Increasingly, specialists at treatment centers are evaluating soon-to-be discharged patients with an eye to their job futures, pooling psychiatric, occupational, and labor market information and making specific and practical job recommendations. When such recommendations are not available, however, the person trying to help with placement may have to consider—and help the applicant consider—a variety of factors.

In doing this he is not required—nor should he try—to "play psychiatrist." Stick to reality factors. If the applicant's vision of the work world, his assessment of his own abilities and his ambitions are so far out of line as to make this impossible, probably he needs more specialized help than a placement worker alone can give to prepare him for the job market—or perhaps just more experience to help him see what the world is like and more time to come to terms with it. His emotional needs get in his way. But this is not so of the fully restored.

Emotional Needs

Among the restored, as with everyone else, emotional needs and capacities vary from person to person, and what is an asset in one situation can be a handicap in another. Consider for a moment just one aspect of a job almost everybody knows something about—the job of "mother."

The calm, placid individual who likes routine and order and is attentive to detail, who gets deep satisfaction from caring for the helpless and enjoys the company of her own thoughts is a highly successful—and greatly praised person—as the mother of an infant. She may, however, be driven to distraction a year or so later by the noise, messiness, and resistant behavior typical of a toddler—and find herself the object of considerable criticism and censure as a result. She may breathe easy again when the child settles down and enters school, only to be thrown completely once more by the rebelliousness and critical coldness of an adolescent.

Another woman, restless and rebellious at the limitations imposed by caring for an infant who "just sleeps and eats," may rely heavily on nurses or babysitters for relief. Only a short time later she may want to be with him constantly, delighting in the toddler's liveliness, curiosity, and independent ways. (How well she's adjusted to motherhood!) But later, when he enters school, she may find homelife so boring that she chafes to take a job. And chafes to quit it a few years later when the youngster's broadening horizons and interests create a new challenge of mothering she can—and wants to—meet.

In each of these instances the emotional needs and qualities of the woman remained virtually unchanged but the emotional demands of her job and the emotional atmosphere in which she "worked" changed drastically. The emotional demands of a particular job in business or industry may sometimes fluctuate just as widely over the years, but the holder of it is rarely able to modify, control, or reject distressing aspects of it as the second mother did. To further complicate matters, the emotional needs of the individual change over time as well. Even when job fit was good to begin with it can be thrown off by changes on either side or both.

Because of the many variables involved, the possibility of effecting a perfect "emotional job fit" is slim indeed—for anybody. Fortunately, in considering what emotional factors may be important for any one individual, a common sense evaluation of his own preferences, based on past and present experience, can be most helpful.

What kir ds of people does he feel most comforable around? Does he like to be with people constantly, much of the time, as little as possible? What kind of boss does he usually work best for? A man? A woman? A no-nonsense boss or the "mothering" kind? One who leaves him completely on his own, one who supervises closely, one who lets *him* decide when instruction and advice are needed?

Does he like to move around a lot or does he perfer staying put? What kinds of activities give him real satisfaction? Caring for and help-

ing others, directing or persuading others, working in group ventures that require neither? Building things, repairing things, caring for them, keeping them in order? A job in which he can function unnoticed or one in which his opinions and/or personality count? A clear-cut job with well defined, unchanging responsibilities or standards? Or a job that has to be figured out and developed as it goes along?

In what order does he value the usual rewards of work—security, money recognition, and approval, companionship with others, satisfaction inherent in the task itself or in seeing a finished product?

The possibilities to be considered are many. By way of oversimplified example, the man who is most comfortable when he has ample time for "aloneness," given the needed confidence and necessary personal qualifications, might be well satisfied as a night watchman or on the late shift at an all-night gas station. One who needs the stimulation of people and activity around him might find such jobs intolerable. A person with a strong need to "nurture" might do well as a hospital attendant—or at work in a greenhouse. One with strong rejective attitudes would be totally unsuited to such work. But he might do well in the complaint department of a store that will do anything to discourage a customer demanding a refund!

As for differences in atmosphere, the precise, meticulous, anxious-to-please young lady who was outstanding as the receptionist for a Park Avenue specialist might not be able to endure a week in the same job at a free clinic in a city hospital. The rigidly correct waiter, worth his weight in tips at a top-quality hotel, might drive his boss, his coworkers—and himself—to distraction in a quick-lunch restaurant in a bustling lower-class business neighborhood.

The same difference applies to the question of job stresses and strains. "Stress to one man is stimulus to another." And even for one man stimulus in one situation can be stress in another. Consider the commonly observed difference in reaction of an experienced physician to serious illness in a young stranger and in his own first-born.

Looked at in the light of realistic experience these facts are obvious to anyone. Good job fit requires sound knowledge of the applicant and of the requirements—technical, social, and emotional—of specific jobs he might fill. Whether a particular quality or emotional need constitutes a strength or hindrance depends on what the job requires.

Here are examples of some points to consider when helping a jobseeker decide whether a different job or type of work is in order:

Basic Aptitude

Joe W. was a printer and seemed capable enough. However, the reading portion of aptitude tests he was given revealed such a poor eye

for detail that mistakes in following copy to be set seemed inevitable. When this was pointed out to him, he admitted a painful awareness of his handicap and a history of expensive mistakes that had resulted. The anxieties he suffered every day—and night— because of the resulting self-doubt and uncertainty had precipitated an emotional illness. It was possible to place him on another job where his knowledge of printing procedures could be effectively used in estimating time and materials required.

Physical Temperament

Malcolm S., trained and competent as a bookkeeper, had failed several times on such jobs. He was a husky fellow with an abundance of energy. Discussion of past job problems made it evident he found desk work too confining. Yet his job skills and ability to take responsibility were not to be wasted. He was placed successfully with a hardware firm where his duties involved not only detailed account-keeping, reordering, and the like but actual physical labor in moving materials and organizing the stock—duties another bookkeeper might refuse or resent.

A Problem Factor in the Job Itself

William J., 28, married and the father of two, had worked independently as a window washer for years. However, after a promotion to strawboss of a window-washing crew he suffered several extreme anxiety attacks which required hospitalization. Careful interviewing revealed that he had no fear of heights and was confident of his ability to work safely alone. As a strawboss, however, he was sometimes required to take a hand working with others on a suspended, movable scaffold.

"It's all right in the morning," he finally admitted reluctantly, "but the boys always have a couple of beers at lunch. After that when we lower away on the ropes I don't know if we'll go down 1 floor or 15." Need for the extra money the crew job paid had kept him from quitting. Shame at the thought his feeling was "unmanly" had kept him from admitting his fears. And worry over his family's future in case of an accident to him had made the situation unbearable. He was helped to find a maintenance job at ground level where his energy, good work habits and sense of responsibility promised quick promotion to a supervisory spot at a pay level close to the strawboss scale.

A Change in Job Conditions

Marian J. had taught school for 18 years. She loved children and teaching but over the years the school system in which she worked had

become seriously overcrowded and the kinds of children she had in her classes were different from any she had known before. "I just can't get through to them," she mourned, "not even to the ones who *want* to learn." Family considerations made a move to another community impossible. She was placed as a saleswoman in the children's department of a specialty store. Her ease, understanding, and skill with youngsters and their parents helped her to make an excellent record. Once again in a job she could handle with confidence, her energies increased and she took on volunteer duties two evenings a week at a settlement house, helping youngsters with reading difficulties.

A Change in Home Conditions

Jane H. was a registered nurse who had worked consistently for years on difficult cases. After her father's death she was required to assume the support of her aging mother and an invalid brother. Circumstances required them to leave their home city several hundred miles away and move in with her. The arrangement was not a happy one. The combination of stresses both at home and on the job proved too much for Jane. Upon recovery she was helped to find a place in the dispensary of a small manufacturing plant. The help of a family service agency was enlisted to help Jane, her mother, and brother work out the difficulties they shared in learning to live more comfortably together as a group.

A Change in the Worker

Bob C. had done sales work for years, taking particular pride in the youthful good looks and bubbling manner which helped him persuade reluctant buyers. As he grew older a series of illnesses took their toll of his appearance and as customers responded less readily to his person, his manner began to suffer as well. Refusals to buy soon represented to him not a rejection of the product he offered but of himself. The constant feeling of personal failure coupled with a sense of isolation became too much for him. After hospital treatment he was helped to find work with a large newspaper, soliciting classified advertisements by telephone. Relieved of face-to-face contact with prospects, he no longer felt handicapped by his appearance, and working side by side with others who suffered their quota of refusals, too, helped keep the matter of turndowns in realistic perspective.

Working Up to Full Potential

Examples such as the above indicate that in estimating "full potential" one must see the whole individual—his skills, abilities, per-

sonality, experience; his total life situation; his current interests and—highly important—his values. What does *he* consider worthwhile, what does *he* want to strive for?

Guidance and Support

Even when a mentally restored person knows what he wants to do—and is capable of doing it—he may need some special help in preparing for a return to the work world. How much help he requires, and the nature of it, will vary in terms of how long he has been out of life's mainstream and what practical guidance the treatment facility or later services have provided. Consider just the matter of getting around. In some cities the transit systems bewilder even lifelong residents. If the applicant calling for an appointment has never been to your office before, be particularly clear on how to reach you. Even the strongest are likely to be a little shaky at this crucial point on the road back. Spare them the frustration and sense of defeat that comes with getting lost.

Morale

The receptionist should be alerted and every reasonable effort made to give a new applicant, on arrival, the feeling of having been expected by people ready and able to help him. He must understand from the start, of course, that jobs are not always easy to find—for anybody—but that you and others are ready to work with him toward that end. As indicated in the section "Learning About the Individual," procedures will vary with the situation but your first interview should be the first step in building an understanding, accepting human relationship based on current realities. The jobseeker needs to feel someone is "in his corner." He must put forth real effort certainly, but that is easier when he knows you are there to counsel, guide, and refer him to potential employers. He should leave the first meeting feeling that there may be a stretch of road ahead but, together, you are on the way.

Appearance

Sometimes a person, although restored in terms of mental and emotional control, still has mannerisms, eccentricities, peculiarities of dress that will work against him in his job hunt. These are not necessarily rigid and unchangeable. Ample evidence exists that many such individuals are simply unaware of the importance of appearance.

In some cases nobody has ever cared enough about them to observe how they look. In others, those who mattered were so dominating or destructively critical that the individual rebelled against meeting ordinary standards of appearance—or came to feel it was useless to try.

Under the circumstances genuine tact and constructive suggestion—sometimes given by indirection—are called for. Obviously it would be cruel to make an applicant aware of a handicap he can do nothing to change. But often small details can make a big difference—the angle at which a man wears his hat, the color and application of a woman's lipstick. Sometimes a simple suggestion to observe closely how others are dressed begins to open an applicant's eyes.

Complimenting good features, suggesting how to point them up, remarking with pleasure on each sign of improvement help make the effort seem worthwhile. Smiles and handshakes, too, may not come easily at first. The counselor's own good example can help here—plus, at times, perhaps, some mild jollying. How much a particular individual needs, and will respond to, must be tested out slowly. But this vitally important area should not be ignored.

Concern About "Telling"

Along with the many practical problems involved in adjusting to the community and the job market, many mentally restored people are faced with a special difficult decision—deciding who to tell, what to tell and how to tell about their illness. There is no simple answer. Many agencies working with former patients of State hospitals and community treatment centers feel it is essential to tell the prospective employer that the applicant being referred has been under treatment for mental illness. Others base the decision on the length and nature of the illness, their knowledge of the employer being approached, and whether or not any practical consideration on either side (boss's or worker's) requires it. Good judgment is needed.

Some small businessmen have said they would "doubt the good sense" of any applicant who volunteered such information without being asked. Other employers ask specific questions about mental illness on their application blanks and make it clear that any omissions or falsifications are ground for immediate dismissal. (The personnel manager of one such company, however, once advised a group of patients not to record the matter on the blank at first. "Wait until the interview," he said. "Then mention it at an appropriate time. Any good interviewer will understand why." Another personnel man, insisting that his company did not discriminate against former patients *per se*, ad-

mitted however that this information on the application was "a red light, ah, I mean a red *flag!*")

The Civil Service Commission, on its application for Federal employment, has recently (1975) omitted the question, "Do you have, or have you had a nervous breakdown?" It is expected that many state and local employers will also eliminate this question on applications.

According to some specialists there can be healthy and unhealthy reasons for both telling and not telling. A counselor can help the individual consider the advantages and risks of both courses. Among the workers queried in the Veterans' Administration study, about half told and half concealed the fact of previous mental illness. After they had been on the job for awhile another 8 percent gave their employers the news. The V.A. study indicates that an employer's knowledge of a psychiatric illness did not interfere with the worker's getting ahead. Actually—although many other factors may influence this finding—a significantly larger proportion of veterans who "told" were found to be advancing on the job. On the other hand, a study of 100 cases in one Southern State showed that those whose employers did not know about their illness remained longer on the job. Differences in community attitudes and degrees of employer acceptance must not be overlooked. According to one former patient, "After you've told the truth x number of times and been turned down x number of times, you have to ask: What do I really want? A *job*—or a reputation as George Washington?"

Whatever hiring practices are, however, every person may be required at some time to give the facts about his illness. Then it is best to be simple, matter-of-fact and to-the-point. Ability to accept the fact of having been ill and to give any information asked for easily is one sign of a good adjustment. But the individual who seems driven to tell, who talks about his illness at length, dwelling on the details of his diagnosis, is quite understandably suspect in the eyes of most employers. The boss wants a worker, not a self-absorbed "former patient," preoccupied with his past.

But sometimes when an applicant has given a simple statement of his illness the employer himself will begin probing for further details. Many feel that an understanding of conditions leading to the illness will help them understand the applicant better and judge where he might most comfortably fit into their organization. Hitting as they do at the very heart of his past difficulties, however, such questions can be very difficult for a mentally restored person to handle. He may need help before starting out on interviews to develop an answer in keeping with the facts yet free—even under prodding— of excessive "psychiatriz-

ing", self-pity, self-accusation, disgruntled blaming of others and mor-
tails. Answers must be adequate and truthful but sufficiently
o discourage unnecessary discussion. If the employer is
d on details, the applicant may politely suggest that these
best be given by the placement agency or treatment team.

Starting Out

As the reality of a job interview approaches, sometimes even the best prepared candidate will suffer an acute attack of "stage fright." He may ask the person working with him to come along on the interview. Since "interview paralysis" is not necessarily a sign of inability to do the job, some counselors feel that a helping hand at this point is, at times, in order. If the counselor intends to be present at the interview, however, it would be well to drop the fact casually when the appointment is made. ("Fine. We'll both be over to talk with you tomorrow at 2.")

When the job sought is more than routine in its demands, however, the situation changes. The ability to handle an interview unaided might well be regarded as a test of ability to handle the work itself. Unless there was a social basis for making the interview a threesome or some other specific contribution a third party could make, accompanying the applicant into the interview itself does not seem wise. Sometimes a bit of final reassurance, when needed, can be supplied over a cup of coffee just before the applicant sets out. This can serve the double purpose of boosting morale at the crucial moment and reducing the time available for last minute fears to multiply.

They are less likely to arise in the first place, of course, if the applicant has been thoroughly prepared for what is ahead. Perhaps he would profit from the opportunity to rehearse various sorts of interviews in advance. Hospitals and clinics with active rehabilitation programs often arrange mock interviews and role playing as part of group activities, as do ex-patient clubs and job counseling programs. Patients, or ex-patients, fill out various types of forms and then alternate as "applicant" and "interviewer." The rest of the group later comments on the way each handled his role. The purpose, of course, is to give the applicant a clear idea of the kinds of questions he may have to face and experience in discussing difficult matters honestly, simply and objectively.

As for other aspects of the interview, the simple rules of procedure any job-seeker would be expected to follow apply: punctuality, appropriate dress, and so forth. One essential sometimes overlooked is a

neat listing of all pertinent names, addresses, dates, and numbers likely to be called for on an application blank. Reviewing and jotting down these details in advance with a counselor helps the applicant fill out any necessary forms with efficient dispatch and go into his interview with his mind on the task before him—to present a positive picture of himself and his abilities in terms of the employer's needs. As with any interview, initial impressions count most.

Following Up

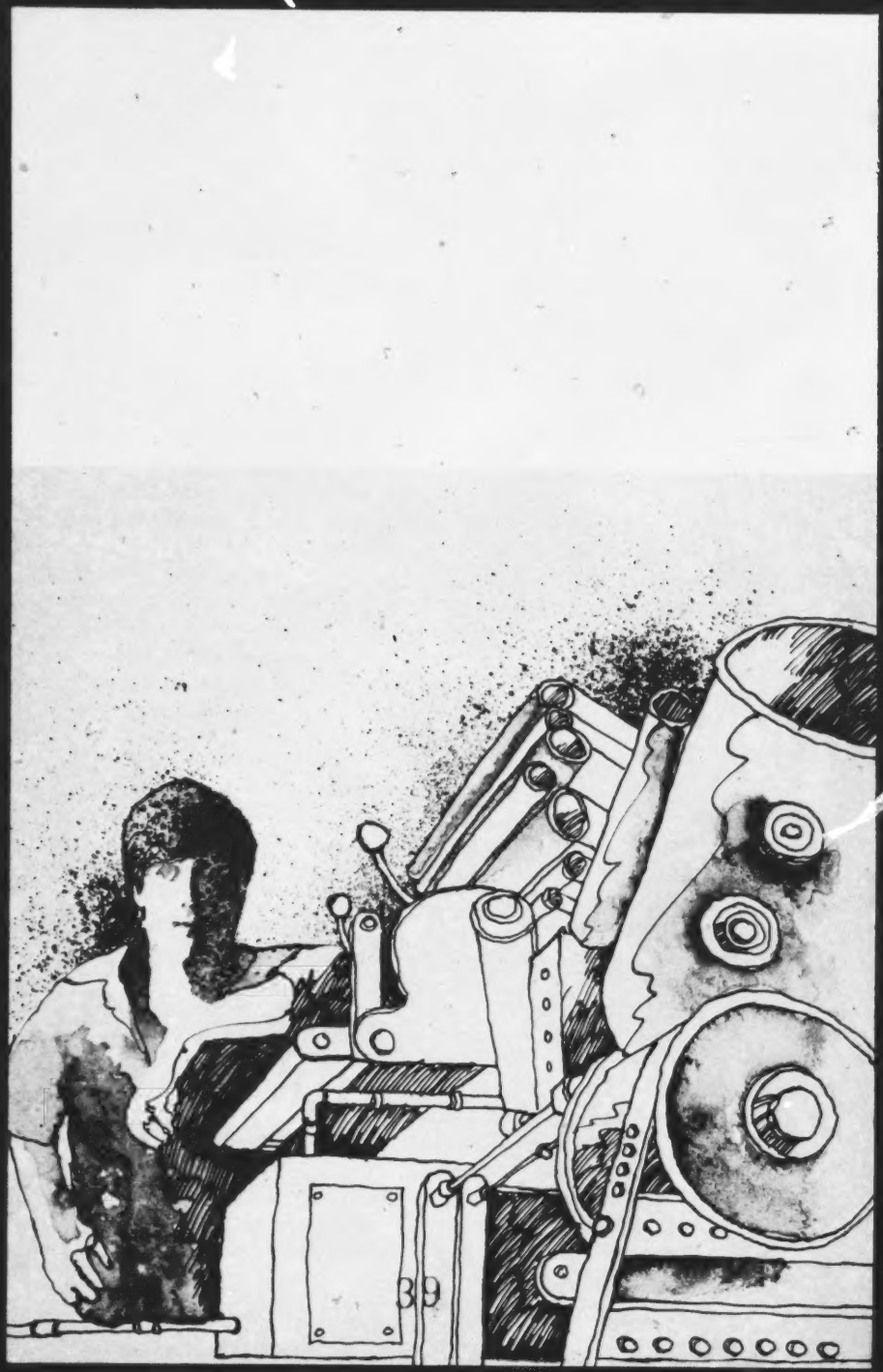
No matter how well prepared they are, few workers, whatever their abilities, find a place on their first try—or even their first dozen. The former patient should realize this in advance. Being turned down does not necessarily represent a personal rejection or a prejudice on the part of the potential employer. Losing out, though disappointing, should not be cause for undue discouragement or concern. Mishandling an interview, however, is a different matter. It is highly important, therefore, for the counselor to check back with the interviewer to get his reactions to the applicant—his appearance, manner, approach, and qualifications.

Seeing the applicant as a potential employer sees him will help the counselor judge what further help may be needed. And so the job-seeking process continues, each interview—hopefully—increasing the applicant's ability to handle the next. Calling on his own stores of courage, confidence and conviction, the counselor will help the job seeker maintain his own. In direct human terms no work could be of greater value, for the prize in this particular hunt is not the job alone but all that surrounds it and all that it represents—independence, acceptance, self-worth, the change to rebuild a life.

To Hire or Not To Hire

Among the thousands of patients released from mental hospitals and community mental health centers are countless men and women, skilled, experienced, stable—ready to handle jobs employers want done. They are part of a large and growing group whose strengths and abilities are still too little known. They are "mentally restored" people.

Perhaps a rehabilitation or placement specialist has already approached you and recommended a person with a history of mental illness for a job with your firm. Perhaps such a person has applied to you directly. If so, like many other employers, you may want to know more



about the mentally restored as workers and about your role in the overall employment picture as it concerns this particular group. What has actual experience shown about the restored as workers? Do they require any special consideration on the job?

The Restored as Workers

The most important point to keep in mind when thinking in general terms about the restored is this: Every person is different. Each is an individual with his own personality, background, skills, abilities, and experience. There are the energetic and outgoing; the quiet and reserved. There are the hard-driving and ambitious; the placid plodders. There are those who are happiest left alone at a lathe or ledger and those who are at their best dealing with people.

When a special job needs filling, it is an individual's particular qualities that determine whether he is right for the work—and for you. In considering a former patient for a job, then, you will want to know the same kinds of things about him that you would about any other prospective employee—what he is like as a person, what training he has had, what other jobs he has held, how competent he has proved.

Before he is referred to you by a qualified agency, this person has been evaluated from many points of view. The specialist who approaches you is aware of the skills and qualities required for the job you offer—and knows in detail the skills and qualities of the individual he suggests. If you have questions, ask them. If you have doubts, voice them. Give yourself a chance to learn about this prospect, as you would do with any other applicant. You need a worker; he needs a job. A sound match is good business for both of you.

As background for learning about a specific individual some general information and observations about the restored may be helpful. Many employers approached by placement specialists raise questions such as these:

"Are the restored limited as to the kinds of jobs they can handle?"

Obviously individuals differ but in considering the overall group no specific limitations of any kind are apparent. A survey of over 2,000 veterans with service-connected psychiatric disabilities showed them to be employed in just about every type of job current today. The variety was endless. There were lawyers and longshoremen; farmers and pharmacists; truant officers and tire repairmen; chemists, clergymen, and clerks. There were restaurant managers and kitchen help; factory supervisors and machine operators. There are, in short, restored in-

dividuals at work in jobs at every level of skill, training, education, and responsibility.

"When a former patient first returns to the job market are his skills still in good shape?"

Much—too much—has been written about the old-fashioned mental hospital where patients simply sat or did the drudge work. Currently most persons with mental illness remain in the community and receive total care at one of the local community mental health centers or private facilities. Here the person may need only a short inpatient stay followed by treatment on an outpatient basis. This approach reduces significantly the need for added readjustment to the community. Since 1955, the admissions to state hospitals for the mentally ill have steadily declined and one National Institute of Mental Health study revealed that 75 percent of patients were released within the first three months and returned to the community. Today's large hospital is not only a highly effective treatment center but a total community offering a vast variety of jobs. In such a center patients are busy at almost every level of assignment—in the offices, the record rooms, the libraries, the research facilities; in the maintenance and repair shops, the sewing rooms, the special diet kitchen; in the recreation centers, the canteens; in the real stores where patients purchase their "extras" and the look-like stores (or "fashion centers") where they select their clothes.

But work opportunities and work training go even beyond this. Increasingly hospitals are arranging subcontracting operations with industry, taking over manufacturers' "headaches," those time-consuming or demanding detail jobs their own employees are glad to avoid—packing and labeling dishes by the ton, putting springs in radio knobs, assembling delicate components of cameras and electric shavers. The list of tasks, bewildering in its range, could run on and on.

And patient's work is not done within the hospital alone. Under one plan patients serve the community by operating service stations, beauty and barber shops, laundry and dry cleaning plants on hospital grounds but readily available to residents of the area. Under a variety of other arrangements, patients while still living in the hospital and receiving treatment go forth each day—singly and in groups—to work side-by-side with regular employees in shops, offices and factories within the community.

The demands of the real work world also help shape in-hospital training programs set up after careful study of local needs to prepare patients for specific, existing employment opportunities. In addition, many agencies both official and voluntary offer newly released patients opportunities for work training, evaluation and adjustment.

So, even if the worker recommended to you is still technically a hospital resident or in a community program, there is no need to fear that his skills are rusty.

"Are they ambitious? Are they willing to learn?"

Mentally restored people differ in their drive and readiness for new experiences just as all persons do. Some have a strong desire to move ahead; others perfer steady jobs with accent on security. Some are eager to learn new things; others are happiest with repetition and routine. In the Veterans' Administration study mentioned above, workers were functioning successfully on jobs that required either type of temperament.

"Will they stick with a job?"

When employers invest in a man, understandably they want him to stay with them. Of the restored workers studies by the VA, 62 percent had been working for their current employers 5 years or more. The largest single category in the total group—a solid 36 percent—had been employed at the same place 10 years or over.

"How do they get along with others?"

Again on the evidence of the VA study, just fine. Impressive proof of this ability is seen in the large percentage who work at jobs where good person-to-person relationships are basic to job success—in managerial and official occupations, in sales and personal services work.

"What about accident rates?"

Long-term observation suggests that mentally restored people as a group have as good a safety record as workers generally—if not better. Support for the latter point is found in statistics covering a half-million man-hours of work by patients of the Bedford (Mass.) Veterans' Administration Hospital. Many of the activities they engaged in are generally considered hazardous—operating woodworking and metalworking machines, for instance, and performing tasks involving use of chemicals, molten solder, and boiling water. During the period covered there was not a single lost-time accident, one that would prevent work the following day.

"What about other possible risks?"

Despite the erratic behavior portrayed in television melodramas and the sensational crime reports that appear occasionally, satistical studies show that, as a group, former patients are far less likely to get

into trouble with the law than are members of the general population. In considering any individual applicant you have the considered judgment of experts to assure you on the matter of stability. On this point, as in all others, if you have questions ask them. That is the surest way of being fair to yourself, your business and your applicant.

Affirmative Action

Section 503 of the Rehabilitation Act of 1973 and Amendments established "affirmative action" for QUALIFIED handicapped people. The word "qualified" means that a person must be capable of performing a particular job with reasonable accommodation to the handicap.

The law states that every employer doing business with the Federal Government under a contract for more than $2,500 must take "affirmative action" to hire handicapped people. Affirmative action also applies to job assignments, promotions, training, transfers, accessibility, working conditions, termination, and the like.

Handicapped persons include those with a physical or mental impairment. While American business and industry have taken steps over the years to hire the handicapped, there are still many people who haven't had an equal chance to work or to get ahead on the job. This law is handled by the U.S. Department of Labor.

On the Job

In deciding on an applicant, you have at your disposal the observations and evaluations of experts to take into consideration along with your own. You interview the applicant. You find he fits your requirements. He is hired. In many instances the specialist who recommended him will remain available to you in case any further questions arise. But from this point on what happens will be decided, as it must be, within your company.

The first piece of business will be introducing the new employee to the organization and his job. The worker who has been out of circulation for some time may need a quite detailed preliminary briefing on company benefits and the like but most employers with long experience with the restored emphasize the importance of treating the newcomer, insofar as possible, "just like anybody else."

Good basic policy requires that the duties and procedures of the job be clearly outlined; that the new employee be introduced in friendly

fashion to his new surroundings—where he should hang his hat, wash up, eat lunch, collect his paycheck, and the like. But avoid any excess attention that will make him feel conspicuous or prompt his colleagues to regard him as "different." As one experienced employer puts it:

"The special technique we use for introducing restored workers to their job is one we consider very critical and it is to use *none*. It is our opinion that the typical ex-patient is working hard enough to prove to himself that he is normal and any implication that he must also do so to his supervisor and fellow workers is unnecessary and emotionally disturbing."

If anything about the new employee's manner—excessive shyness or jumpiness—might lead to questions, one boss might simply tell the supervisor that "Joe has been through a rough time recently but he'll be a good man on that job." Another might feel it worthwhile to share whatever background information might directly influence reactions to the job. Similarly, in socially close-knit departments the supervisor might acknowledge such a newcomer's lack of ease and ask one or two well-respected department members to help him find his place within the group—much as they might help a stranger from overseas.

In situations where the former hospitalization is known, the facts can be acknowledged simply—"Joe was a patient at the State Hospital for several months/years but we have the assurance of his doctors that he is back in shape again and ready for a job like this." If the information is given straightforwardly and confidently by someone at the top it will usually be accepted in a similar spirit. The employee himself should "know who knows" and will often feel easier if the boss advises him frankly on how much additional sharing of the facts seems wise. Lonely newcomers are sometimes taken over and "pumped" by the very "operators" they might better avoid.

Sometimes, especially if the new employee is quiet and a bit subdued, coworkers feel uncertain about how to talk with him. It may help if a supervisor suggests to one or two that they take the initiative, focusing at first—as with any new acquaintance—on pleasantly simple topics; television shows, sports events, hobbies, amusing items in the news. Within a short time the strangeness will ease as each individual learns to know the other, as in the case with almost any new employee.

Day-to-Day Supervision

The good supervisor in any situation is one who sees that the work of his department gets done with maximum efficiency and minimum stress or strain. The kind of person most likely to accomplish this is one

who recognizes workers as individuals and is willing, within limits imposed by the job, to treat them that way. He is clear and consistent about his expectations, open in his dealings, and fair in his judgments. He avoids favoritism as scrupulously as he avoids scapegoating. He knows the value of a pat on the back for work well done—and for just good solid plugging. When he must criticize he does so objectively—and privately where possible. He doesn't stop with pointing out what's wrong but goes on to give practical guidance on what's needed to make it right. When he spots trouble, or conditions that could lead to trouble, he steps in promptly, whoever is involved. At such a time his goal is to learn the facts and straighten out the situation—to correct, not condemn, the individuals involved.

A supervisor such as this has little more to learn to work well with the restored. On such an assignment, however, there is one additional point to remember: He should avoid reading psychological significance—with attendant "cause for alarm"—into acts or attitudes that would pass unnoticed or be routinely handled in others. Occasional disagreements and displays of emotion are common in any work situation. Occasional lateness and absence are too. Persistent lateness or absenteeism, however, repeated errors, increasing laxness, recurring incidents of personal friction or lasting evidence of upset or distress call for attention, *whatever the employee's background.*

At such times the wise supervisor will attempt first to evaluate the problem in a straightforward way: ask for and listen to the employee's explanation of what has gone wrong or why he has been behaving in the disapproved fashion. When there is a realistic explanation for the conduct, practical advice or guidance may be all that is called for. For instance, mistakes may be the result of simple misunderstandings, poor instruction, or minor flaws in work technique that can easily be set straight.

Sometimes a brief run of lateness or absenteeism is the result of a temporary home situation or transit problem. At other times it may reveal an easygoing approach that was accepted by former bosses or a tendency to "explore the limits" quite common among beginners. A friendly but firm reminder of what is expected "from every worker here" should set matters right. The same may be true even in situations that are basically emotional—such as occasional moodiness or short temper. The employee may need only a matter-of-fact reminder that everybody has his problems, his personal likes and dislikes, but that—even under provocation—these cannot be permitted to intrude on the job or disrupt working relationships.

A Problem That Wasn't "A Problem"

Very shortly after his release from the hospital Jack W. had gone to work in the central office of a large social agency. For 3 months his work and personal adjustment were outstanding. Then his appearance began to slip. His suits grew increasingly rumpled; his shoes no longer glowed. His hair was neatly combed but needed cutting. His supervisor, thinking in terms of the past illness, became concerned about this "regression." Finally he decided to approach the problem just as he would with any other employee.

He called Jack in, pointed out that his appearance was beginning to slip below his own earlier standards and those of the office. Was anything wrong? Jack's answer revealed a mild lack of social awareness but it was perfectly reasonable from his point of view. In trying to save money for a vacation trip he was cutting down on items like drycleaning and haircuts. The supervisor expressed genuine pleasure that Jack was planning ahead toward something he would enjoy. But he also made it clear that proper standards of appearance would have to be maintained. Jack got "the message" with no trouble at all.

"Problem" Talk

Occasionally a person will bring up the matter of his illness or express concern about problems he still experiences. Then it may help for coworkers to listen quietly and respond as honestly and reassuringly as they can. Friendly advice can often help on practical problems and a little unburdening now and then can make anybody feel better.

The mentally restored person however, should not be encouraged or led into dwelling at length on current moods or past unhappiness. Such intense discussions are inappropriate in a business situation and the kind of colleague who relishes them is very rarely the kind who can be genuinely helpful. One useful stopper might be a frank but friendly, "Hey, come on! Now you're making *me* feel bad!" Making some such comment is preferable to attempting to control the conversation by indirect means. Assuming a wooden expression, changing the subject abruptly or beating a hasty retreat, create the impression that "nobody cares" or "nobody understands." The individual needs to be helped instead to see how his remarks affect others and why they are inappropriate at work.

If the need to talk over such matters continues strong, friends can help most by encouraging the person to find proper counseling. Prac-

tical job problems should be taken up briefly and objectively with the supervisor, family or personal difficulties with a community agency or a doctor or minister experienced in such matters. With all the readjustments a person may be required to make at once, a need for such counseling does not mean the employee is still "sick"—just "limping" a little. Helping him get help promptly if he needs it is only what a good supervisor or coworkers would do for any fellow employee, whatever his background.

What About Promotions?

Consideration of minor problems such as these should not be taken as a suggestion that problems are likely to arise. Quite the opposite. Your new employee may prove so efficient and effective that you will want to give him added duties or move him on to a new spot. Before making your final decision, however, give him a chance to be heard. He may feel it is best for him to "make haste slowly." Give him a chance to feel thoroughly at ease with the job he's got before adding to it. And when he is ready for more, help him consider how he will handle the increased load. Both he and the company will profit from the extra "lift" this kind of consideration will give him.

The Bigger Picture

Up to this point we have been considering the restored primarily as individuals, and as a businessman that is how you will evaluate and work with them. But for you as a citizen and taxpayer there are some other facts about the restored, as a group, that you might find worthwhile considering as well. In human terms and in terms of your tax dollar.

The number of mentally restored people already returned to everyday life in tremendous and with newer, more rapidly effective treatment methods more join the ranks each day. At the same time, the number of men and women entering treatment for mental or emotional ills is steadily increasing. Most receive care in their own communities, in general hospitals, in special "day" or "night" psychiatric facilities, in outpatient clinics and in State mental hospitals.

Even with the most stringent economy, the amount of money required to maintain and treat the mentally ill is tremendous. The overall costs of the public hospitals alone run more than $2 billion a year. Ob-

viously everything that helps reduce the length of a hospital stay helps reduce these costs. And everything that helps the restored individual maintain his equilibrium and morale helps eliminate the possibility of his ever requiring such care again. Patients can be moved back into the community more quickly if they have jobs to go to and with a job to do they get back in the swing of things more easily and surely. The job, then, and all it means—regularity, responsibilities, rewards—is vital.

As we have seen, as a businessman you can help by giving honest consideration to any qualified former patient who applies for available openings. But you can help in other ways, too. When you have had a chance to find out what good workers the restored can be, don't keep it a secret. Let other businessmen know it. Depending on the activities of mental health groups in your community, you may be able to help even more directly.

Many businessmen have served on panels to help increase the hospital professional's understanding of the businessman's needs—the kinds of workers he can use and the kinds of practical information about workers he requires. Others regularly take part in similar discussions with patients themselves, answering individual questions about individual work problems—past, present, or potential. The very presence of community leaders like yourself in community mental health activities makes clear to patients that the business world is still interested in them and in their future.

Activities of these kinds are helping to prepare more and more individuals for effective work and educating more and more employers about the contributions the restored can make. If you are more aware now than you were before picking up this booklet, you may want to consider a restored worker even if you have not yet been approached to do so.

If so, pick up the telephone. Call your local mental health association or vocational rehabilitation agency or the special placement interviewer at your State employment service. Describe the kind of organization you head and the types of workers you regularly need. Express your willingness to consider mentally restored people as employees. Ask to be informed as likely candidates for your work force become available. When one is referred to you, consider the person in terms of your needs and his abilities. No one asks more of you than that.

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